

Chelsea and Westminster Hospital NHS Foundation Trust
Trust Medicines Committee
Summary of Main Points from the Meeting held on the 12th May 2014

2. Minutes and Summary Notes from last meeting

The Minutes and Summary notes from the April 2014 meeting were approved and will be circulated.

3. Matters Arising

The Committee noted the matters arising from the previous meeting.

4. Formulary Applications

b) Full applications

- **Solifenacin 6mg & Tamulosin 400mcg Tablet (Vesomni®)**

Decision: Not approved

Indicated for the treatment of moderate to severe storage and voiding symptoms associated with benign prostatic hyperplasia (BPH) in men who are not adequately responding to treatment with monotherapy.

Patients' continued treatment would be dependent on GPs being able to undertake prescribing in the primary care setting however Vesomni® is not currently included on the NWL Integrated Formulary. It was therefore decided that a submission is made to the NWLIF. Providing approval is granted then this would be considered for addition to the local formulary.

Action: Submission to be made to NWLIF.

Ex-Panel requests

- **Levofloxacin 250mg and 500mg Tablets and 5mg/ml Infusion**

Decision: Approved

Will replace moxifloxacin as first line quinolone for respiratory infections. Moxifloxacin: Recent MHRA Alert relating to drug induced Hepatitis

Levofloxacin is available in both IV and oral formulations

Levofloxacin is more cost effective than moxifloxacin.

Moxifloxacin will continue to be included on the formulary for TB and other indications.

- **Desogestrel 75microgram Tablet**

Decision: Approved

To be added as a generic medicine to the formulary as now have more than one branded product i.e. Cerazette® and Zelleta®. GUM will move to using Zelleta® over Cerazette® as it is more cost effective.

Individual requests

- **Cobicist and Dolutegravir**

Decision: Noted

For the management of HIV as neither drug is currently commissioned for the management of HIV by NHS England. Approved previously by the HIV/Gum Drugs Sub-Committee.

5. Trust Medicines Policy Audit

- **Trust Medicines Policy Audit 2013 - Action Plan**

Update provided on the actions from the Trust Medicines Policy Audit 2013. Two actions still outstanding concerning omitted and delayed medicines and the allocation of EPR passwords to agency staff outside working hours.

- **Trust Medicines Policy Audit 2014 - Audit Standards**

Decision: Approved

6. MHRA/NHS England Patient Safety Alerts

- **Improving medication error incident reporting and learning (2014/005)**

Action plan: Noted

Actions detailed in the action plan are currently in progress.

- **Improving medication medical devices incident reporting and learning (2014/006)**

Risk Management Committee to nominate a lead

Will be managed through Medical Devices Committee

- **Minimising risks of omitted and delayed medicines for patients receiving homecare services (2014/007)**

Gap analysis, Action plan and Risk assessment: Noted

Actions detailed in both the action plan and risk assessment are currently in progress.

- **Residual anaesthetic drugs in cannulae and intravenous lines (2014/008)**

Nominated lead: From Theatres

Will be managed through the Medicines Committee

- **Domperidone: Risk of cardiac side effects – Restricted indication, reduced dose and reduced duration of use**

An overview was provided of the actions that have been undertaken in response to this alert:

W&C:

- Reviewed at Clinical Effectiveness meetings
- Await NPPG Guidance

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- Paediatric Reflux Guideline to be updated
- All patients to be reviewed at next clinic visit

HIV:

- Memo circulate to all clinical staff
- Domperidone removed from all PEP packs
- All patients to be reviewed at next clinic visit

Medicine:

- Alert disseminated to relevant specialities i.e. Gastroenterology, Diabetes and Neurology
- All patients to be reviewed at next clinic visit

7. Medicines Management

- **Rituximab infusion pre-printed prescription form**

Decision: Approved

Newly compiled for Rheumatoid Arthritis patients for use on MDU for capturing pre-screening, administration information and medicines that require co-administration. Not currently being prescribed electronically so this will replace the current practice of using handwritten medication charts to record these prescriptions. The proforma will be stapled to the patient's medication chart.

- **Guideline on Antidote Availability for Emergency Departments (ED)**

Decision: Not approved

ED Guideline that has been updated in response to the NHS England letter circulated December 2013 was reviewed.

A number of deviations have been incorporated into the local guideline that were noted. One relates to not stocking Fomepizole (used for Ethylene Glycol and Methanol overdose) in ED. A decision was made to request ED to undertake a risk assessment to assure the panel that taking a decision not to stock this agent is a reasonable one.

- **NWL Medicines Management Guidance 2014-15**

An overview of the NWL Medicines Management Guidance 2014-15 was provided. There are a number of minor amendments/updated since the 2013-14 edition.

8. NICE TA Guidance

- **TA309 - Pemetrexed maintenance treatment following induction therapy with pemetrexed and cisplatin for non-squamous non-small-cell lung cancer**

Pemetrexed is not recommended for the maintenance treatment of locally advanced or metastatic non-squamous non-small-cell lung cancer (NSCLC) in people whose disease has not progressed immediately following induction therapy with pemetrexed and cisplatin.

Action: Nil - Not recommended

- **TA310 - Afatinib for treating epidermal growth factor receptor mutation-positive locally advanced or metastatic non-small-cell lung cancer**

Afatinib is recommended as an option, within its marketing authorisation, for treating adults with locally advanced or metastatic non-small-cell lung cancer only if:

- the tumour tests positive for the epidermal growth factor receptor tyrosine kinase (EGFR-TK) mutation **and**
- the person has not previously had an EGFR-TK inhibitor **and**
- the manufacturer provides afatinib with the discount agreed in the patient access scheme.

Action: Add to the formulary pending completed application form from Dr Tom Newsom-Davis.

- **TA311 - Bortezomib for induction therapy in multiple myeloma before high-dose chemotherapy and autologous stem cell transplantation**

Bortezomib is recommended as an option within its marketing authorisation, that is, in combination with dexamethasone, or with dexamethasone and thalidomide, for the induction treatment of adults with previously untreated multiple myeloma, who are eligible for high-dose chemotherapy with haematopoietic stem cell transplantation

Action: Add a comment re. now available for use in line with NICE TA311

9. IVIG Update

The panel noted the IVIG report.

There were 10 IVIG issues in April 2014, with 3 new requests:

- Three for Guillian Barre Syndrome (Red indication)
- One for Kawasaki' Disease (Red indication)
- One for Myasthenia Gravis (Blue indication)

10. Items for noting

- **Quarterly Controlled Drug Summary Report - Q4 2013-14**

Noted - One incident has been escalated as an Orange Incident.

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- **Quarterly Occurrence Controlled Drug Report - Q4 2013-14**

Noted

- **Trust Non-Medical Prescribing Register - May 2014**

Noted - Now includes an e-mail address (Chelwest or NHS.Net) for each NMP practitioner.

- **Drugs Sub-Committee Meeting Minutes - March 2014**

Noted

- **Local Chemotherapy Group meeting minutes - January 2014**

Noted

- **Local Chemotherapy Group meeting minutes - March 2014**

Noted

- **MHRA Drug Safety Update - April 2014**

Noted

Dispensing medication errors: Please ensure appropriate checking procedures are in place to help minimise risk

Action: To update the dispensing procedure to include the endorsement of strength and quantity of preparation dispensed on the prescription / transcription sheet.

Reporting suspected adverse reactions experienced by the woman or child associated with medicines taken during pregnancy: Yellow Card reporting system form updated to increase and improve reporting of suspected adverse reactions to medicines during pregnancy.

Action: To disseminate to Maternity and Neonatology Teams

13. Date of next meeting

Monday 9th June 2014, 8.00 - 9.00 – Board Room, Lower Ground Floor

Closing date for papers: Friday 16th May 2014